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COVER LETTER

- **TO:** Amendment Section Division of Corporations

NAME OF CORPORATION:	AvAirPros	Canada	, Inc.				
DOCUMENT NUMBER:	P98000047	171					
	The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspondence			_				
			- · · · · · · · · · · · · · · · · · · ·				
Pau	l Demkovich						
		Name of C	ontact Pers	son			
AvA	irPros Cana	ida, Inc	•				
		Firm/	Company				
555	1 Ridgewood	Drive,	Suite	300			
			dress				
Nap	les, FL 341	.08					
	<u> </u>	City/ State	and Zip Co	ode			
		·					
	mkovich@AvA						
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Paul Demk	ovich	at	239	262-0010 Code & Daytime Telephone Number			
Name of Contact	Person		Area (Code & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:							
	.75 Filing Fee & tificate of Status	S43.75 Find Certified (Additional enclosed)	Copy al copy is	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Mailing Addre		Stree	et Address				
Amendment Se		Amendment Section					
Division of Cor P.O. Box 6327	Division of Corporations						
Tallahassee, FI	Clifton Building 2661 Executive Center Circle						

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

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AvAirPros Canada, Inc.	13 BEC 31 pg	1: 09
(Name of Corporation as currently filed with the Flo		A DE
P98000047171	orida Dept. of State) SECOVETATY OF JALLAHASSEE, FEE	RIUA
(Document Number of Corporation (if	known)	"
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>F</i> its Articles of Incorporation:	Florida Profit Corporation adopts the following amend	ment(s) to
A. If amending name, enter the new name of the corporation:		
AvAirPros Projects, Inc.	The n	iew
name must be distinguishable and contain the word "corporation, "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Coword "chartered," "professional association," or the abbreviation "F	n," "company," or "incorporated" or the abbreviat Co". A professional corporation name must contain	ion
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
(maining madess MAT BE A TOST OF TICE BOX)		
D. If amending the registered agent and/or registered office addre		
new registered agent and/or the new registered office address:		
Name of New Registered Agent N/A		
(Florida stree	vet address)	
New Registered Office Address: N/A	, Florida (Zip Code)	
(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with the second se	iith and accept the obligations of the position	
N/A	an und accept the obligations of the position.	
Signature of New Registered As	gent, if changing	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary) .

Please note the officer/director title by the first letter of the office title:

- P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.
- Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jol</u>	hn Doe	
X Remove	<u>V</u> <u>M</u> :	ike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	CS	Barber, Sharyn	5551 Ridgewood Dr. Ste 300
Add			Naples, FL 34108
X Remove			
2) Change	CS	McCarthy, Kate	5551 Ridgewood Dr. Ste 300
X Add			Naples, FL 34108
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	al sheets, if necessary). (Be specific)
	N/A
•	
0.4	
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f an amendmen	nt provides for an exchange, reclassification, or cancellation of issued shares,
if not appl	implementing the amendment if not contained in the amendment itself: icable, indicate N/A)
	N/A
	17 1

The date of each amendment(s) adoption: _	December 24, 2013	, if other than the
date this document was signed.		
Effective date if applicable:	December 24, 2013	
	(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (C	HECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was/were sufficient for	e shareholders. The number of votes cast for the amendment(s) approval.	
	he shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	ıt
	endment(s) was/were sufficient for approval	
by	oting group)	
(v	oting group)	
☐ The amendment(s) was/were adopted by th action was not required.	e board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by th action was not required.	e incorporators without shareholder action and shareholder	
Dated December	: 24, 2013	
Signature Paul	Roman D.	
(By a director, pro	esident or other officer - if directors or officers have not been	
	corporator – if in the hands of a receiver, trustee, or other court ry by that fiduciary)	
	Paul Demkovich	
	(Typed or printed name of person signing)	
	Vice President, Director	
	(Title of person signing)	